

## 2017 Bandon AC/FIT4LIFE Registration Form

Please answer all questions on this form (answer not applicable where relevant). Please do not leave blanks on the form.

All information will be treated in the strictest of confidence.

Please indicate if you are a new member or renewing your membership and Level of Running by circling below:

- New Member or
- Renewal of Membership
- Beginner/Intermediate/Advanced/Walkers

### Personal Details

Name:	Email Address:
Address:	Mobile Number: Home Telephone:
Date of Birth:	GP Name:
Gender:	Occupation:
Do you/will you use Facebook as a means of contact with Bandon FIT4LIFE	Yes or No. (Circle as appropriate).
Emergency Contact Number and Name	

Please give details below of any health issue (s) that you feel could have an impact on your ability to exercise.

---

---

---

---

---

Please give details of any prescribed medication that you are taking for a health issue (s) that you feel could have an impact on your ability to exercise.

---

---

---

---

---

As part of my Club membership, I understand that I will be required to assist with Club events, such as officiating at road races, whenever possible.

I understand that photographs will be taken during or at Sports related Events and maybe used in the promotion of Bandon AC/FIT4LIFE

Participant's Signature:

\_\_\_\_\_ Date \_\_\_\_\_

FIT4LIFE Leader's Signature:

\_\_\_\_\_ Date \_\_\_\_\_

**For Office Use only.**

- Date Received by Registrar \_\_\_\_\_
- Amount paid \_\_\_\_\_
- Date Athlete registered with Athletics Ireland  
\_\_\_\_\_
- Date athlete added to Club database  
\_\_\_\_\_
- Any other relevant information \_\_\_\_\_